

County: Jefferson  
BETHESDA DIERKER OLSON  
700 HOFFMANN DRIVE

Facility ID: 1600

Page 1

WATERTOWN 53094 Phone: (920) 261-3050  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/02): 220  
Total Licensed Bed Capacity (12/31/02): 263  
Number of Residents on 12/31/02: 216

Ownership: Nonprofit Church/Corporation  
Highest Level License: FDDs  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? No  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 213

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
-----			-----				-----		-----
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		5.6	
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		10.6	
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	82.9	More Than 4 Years		83.8	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	6.9	-----		-----	
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	6.5	-----		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	3.7	*****		*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.0	-----	-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0.0	-----	100.0	(12/31/02)			
Other Meals	No	Cardiovascular	0.0	65 & Over	17.1	-----		-----	
Transportation	No	Cerebrovascular	0.0	-----	-----	RNs		7.4	
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		7.3	
Other Services	Yes	Respiratory	0.0	-----	-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	0.0	Male	44.4	Aides, & Orderlies		79.1	
Mentally Ill	No	-----	-----	Female	55.6	-----		-----	
Provide Day Programming for		-----	100.0	-----	-----	-----		-----	
Developmentally Disabled	Yes	-----	-----	-----	100.0	-----		-----	

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All	
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%			
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	216	100.0	165	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	216	100.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		216	100.0		0	0.0		0	0.0		0	0.0		0	0.0		216	100.0

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				
		-----				
Percent Admissions from:				% Needing Assistance of	% Totally	Total Number of Residents
Private Home/No Home Health	82.5	Activities of Daily Living (ADL)	% Independent	One Or Two Staff	Dependent	
Private Home/With Home Health	0.0	Bathing	1.9	39.4	58.8	216
Other Nursing Homes	2.5	Dressing	7.4	44.9	47.7	216
Acute Care Hospitals	0.0	Transferring	19.9	39.4	40.7	216
Psych. Hosp.-MR/DD Facilities	7.5	Toilet Use	12.5	46.8	40.7	216
Rehabilitation Hospitals	0.0	Eating	39.8	34.3	25.9	216
Other Locations	7.5	*****				
Total Number of Admissions	40	Continence		% Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	0.9	Receiving Respiratory Care		3.7
Private Home/No Home Health	37.7	Occ/Freq. Incontinent of Bladder	81.9	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	81.5	Receiving Suctioning		1.4
Other Nursing Homes	0.0			Receiving Ostomy Care		1.4
Acute Care Hospitals	1.6	Mobility		Receiving Tube Feeding		10.6
Psych. Hosp.-MR/DD Facilities	26.2	Physically Restrained	72.7	Receiving Mechanically Altered Diets		66.2
Rehabilitation Hospitals	0.0					
Other Locations	21.3	Skin Care		Other Resident Characteristics		
Deaths	13.1	With Pressure Sores	0.9	Have Advance Directives		2.8
Total Number of Discharges		With Rashes	6.0	Medications		
(Including Deaths)	61			Receiving Psychoactive Drugs		18.5

\*\*\*\*\*  
Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities  
\*\*\*\*\*

	This Facility	FDD Facilities		All Facilities	
	%	%	Ratio	%	Ratio
-----					
Occupancy Rate: Average Daily Census/Licensed Beds	81.0	83.9	0.96	85.1	0.95
Current Residents from In-County	4.2	38.2	0.11	76.6	0.05
Admissions from In-County, Still Residing	0.0	18.5	0.00	20.3	0.00
Admissions/Average Daily Census	18.8	20.3	0.92	133.4	0.14
Discharges/Average Daily Census	28.6	23.6	1.21	135.3	0.21
Discharges To Private Residence/Average Daily Census	10.8	9.8	1.11	56.6	0.19
Residents Receiving Skilled Care	0.0	0.0	0.00	86.3	0.00
Residents Aged 65 and Older	17.1	15.3	1.12	87.7	0.20
Title 19 (Medicaid) Funded Residents	100.0	99.2	1.01	67.5	1.48
Private Pay Funded Residents	0.0	0.6	0.00	21.0	0.00
Developmentally Disabled Residents	100.0	99.5	1.00	7.1	14.08
Mentally Ill Residents	0.0	0.4	0.00	33.3	0.00
General Medical Service Residents	0.0	0.1	0.00	20.5	0.00
Impaired ADL (Mean)*	63.4	54.0	1.17	49.3	1.29
Psychological Problems	18.5	48.2	0.38	54.0	0.34
Nursing Care Required (Mean)*	11.3	11.3	1.00	7.2	1.57